

# Florida Department of State

Division of Corporations

Electronic Filing System

Note: Please print this page and use it as a cover sheet. Type the document number (shown below) on the top and bottom of all pages of the document.

(((H20000168524 3)))



H200001685243ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : HOLLAND & KNIGHT  
Account Number : 075350000340  
Phone : (407)425-8500  
Fax Number : (407)244-5288

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

AP Rafina Residential, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

JUN 05 2020

T. SCOTT

**ARTICLES OF ORGANIZATION FOR  
AP RAFINA RESIDENTIAL, LLC  
(a Florida limited liability company)**

The undersigned Managing Member, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

**ARTICLE I. NAME**

The name of the limited liability company is: AP Rafina Residential, LLC

**ARTICLE II. ADDRESS**

The mailing address and street address of the principal office of the Company is:

1717 Woodstead Court, Suite 207  
The Woodlands, Texas 77380

**ARTICLE III. INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324 US

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

CT Corporation System



Name: Olga Hinkel  
Title: Vice President

SECRETARY OF STATE  
TALLAHASSEE, FL 32302

2020 JUN -4 AM 10:32

FILED

#### ARTICLE IV. MANAGEMENT

The name and address of the entity authorized to manage and control the Limited Liability Company:

Title: Name and Address:

Mgr: AP Rafina Manager, LLC, 1717 Woodstead Court, Suite 207

The Woodlands, Texas 77380

#### ARTICLE VI. OPERATING AGREEMENT

The power to adopt, alter, amend, or repeal the Operating Agreement of the Company shall be vested in the Members of the Company.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S.817.155, F.S.)

Dated: March\_\_, 2020

AP Rafina Manager, LLC, a Florida limited liability company

  
Billy J. Brice III, Manager